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PTO/SB/21 (04-07)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)					
V	Fee Transmittal Form	Drawing(s)  After Allowance Communication to TC			
	Fee Attached	Licensing-related Papers  Appeal Communication to Board of Appeals and Interferences			
\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement	Petition Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s)  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below):  Return Receipt Postcard			
	momation disclosure statement	Landscape Table on CD			
	Certified Copy of Priority Document(s)	Remarks			
	Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53				
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT					
Tope-McKay & Associates					
Signat					
	d name Cary Tope-				
Date	12/08/2008	Reg. No. 41,350			

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class man in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature

Typed or printed name | Cary Tope-McKay

Date 12/08/2008

This collection of information is required by 37 CFR .5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Approved for use through 06/30/2010. OMB 0551-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number  Effective on 12/08/2004.  ADDITION OF PAYMENT (10-08)  Approved for use through 06/30/2010. OMB 0551-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  Complete if Known  Applicant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL  For FY 2009  Filing Date  10/23/2003  First Named Inventor  Krzysztof Przytula  Examiner Name Patel, Shambhavi K  Art Unit 2128  Attorney Docket No. HRL135  METHOD OF PAYMENT (check all that apply)  Check  Credit Card  Money Order  None  Other (please identify):  Deposit Account Deposit Account Number:  Deposit Account Name:  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filling fee  Charge any additional fee(s) or underpayments of fee(s)  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION					
Effective on 12/08/2004.  ADDITION OF PAYMENT (check all that apply)    Check   Credit Card   Money Order   None   Deposit Account Number:   Deposit					
Filing Date  Filing Date  Filing Date  First Named Inventor  Krzysztof Przytula  Examiner Name  Patel, Shambhavi K  Art Unit  2128  Attorney Docket No. HRL 135  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number:  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
For FY 2009    Applicant claims small entity status. See 37 CFR 1.27   Examiner Name   Patel, Shambhavi K					
Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT (\$) 490.00 Attorney Docket No. HRL135  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: Deposit Account Number: Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT (\$) 490.00 Attorney Docket No. HRL135  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: Deposit Account Number: Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
Art Unit 2128  TOTAL AMOUNT OF PAYMENT (\$) 490.00 Attorney Docket No. HRL135  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number:  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number:  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038.					
Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number:  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
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Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038.					
Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
Information and authorization on PTO-2038.					
FEE CALCULATION					
1. BASIC FILING, SEARCH, AND EXAMINATION FEES					
FILING FEES SEARCH FEES EXAMINATION FEES  Small Entity Small Entity Small Entity					
Application Type Fee (\$)					
Utility 330 165 540 270 220 110					
Design 220 110 100 50 140 70					
Plant 220 110 330 165 170 85					
Reissue 330 165 540 270 650 325					
Provisional 220 110 0 0 0					
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)					
Fee Description Each claim over 20 (including Reissues)  Fee (\$)  52  26					
Each independent claim over 3 (including Reissues) 220 110					
Each independent claim over 3 (including Reissues)  Multiple dependent claims  220 110 195					
Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Multiple Dependent Claims					
Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.					
Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)					
Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.					
Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$) Fee Pald (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$) Fee Pald (\$)  Fee Pald (\$)  HP = highest number of independent claims paid for, if greater than 3.  APPLICATION SIZE FEE					
Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims Fee (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims Extra Claims Fee (\$)  Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.					

Other (e.g.	\$490			
SUBMITTED BY				
Signature			Registration No. (Attorney/Agent) 41,350	Telephone 1.310.589.8158
Name (Print/Type)	Cary	Tope-McKay		Date 12/08/2008

Fees Paid (\$)

/ 50 = \_\_\_\_\_ (round **up** to a whole number) x

- 100 =

Non-English Specification, \$130 fee (no small entity discount)

4. OTHER FEE(S)

This collection of information is required by 37 LFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (10-08)

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A DE S	Under the Paperwork Reduction Act of 1995 no persons are required to
& TRADE	Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818
	FEE TRANSMITTAL
	For FY 2009

Applicant claims small entity status. See 37 CFR 1.27

DEC 1 2 2008

Complete if Known				
Application Number	10/692,697			
Filing Date	10/23/2003			
First Named Inventor	Krzysztof Przytula			
Examiner Name	Patel, Shambhavi K			
Art Unit	2128			
Attorney Docket No.	HRL135			

TOTAL AMOUNT OF PAY	MENT (\$)	490.00	<u>)                                     </u>	Attorney Docker	t No. HRL	_135	
METHOD OF PAYMEN	T (check all t	that apply)					
Check Credit Deposit Account For the above-ident	Deposit Account			Deposit Ad	count Name:_		
Charge fee(s) indicated below Charge fee(s) indicated below, except for							ept for the filing fee
Charge any additional fee(s) or underpayments of fee(s)  Under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION							M
1. BASIC FILING, SEA	FILING F			H FEES Small Entity		TION FEES	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)		Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	<del> </del>
Fee DescriptionFee (\$)FeeEach claim over 20 (including Reissues)522Each independent claim over 3 (including Reissues)22011						Small Entity Fee (\$) 26 110 195	
Total Claims	Extra Claim	s <u>Fee (\$)</u>	Fee	Paid (\$)		<u>Multiple De</u>	pendent Claims
- 20 or HP =  HP = highest number of tota  Indep. Claims  - 3 or HP =  HP = highest number of inde	al claims paid for Extra Claim	<u>S Fee (\$)</u> _ x		Paid (\$)		Fee (\$)	Fee Paid (\$)
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u> 100 =	Total Sheets						\$)
4. OTHER FEE(S)  Non-English Specifi	•	•	•	iscount)			Fees Paid (\$)
Other (e.g., late filing surcharge): 2 Month Extension Fee					\$490		

SUBMITTED BY			
Signature		Registration No. 41,350	Telephone 1.310.589.8158
Name (Print/Type)	Cary Tope-McKay		Date 12/08/2008

This collection of information is required by 3f CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.